

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584035

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			—			
4			—			
5			—			
6			—			
7			1			
8			—			
9			—			
10			—			
11			—			
12			—			
13			1			
14			—			
15	1		1			
16			1			
17			—			
18			—			
19			—			
20			—			
21			1			
22			—			
23			—			
24			—			
25			—			
26			—			
27			1			
28			—			
29			1			
30			—			
31			—			
32	1		—			
33			—			
34			—			
35			—			
36			—			
37			—			
38			—			
39			—			
40			—			
41			—			
42			—			
43			—			
44			—			
45			—			
46	1		1			
47	1		—			
48	1		—			
49	1		—			
50	4		—			
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3		—		
52		3		—		
53		3		—		
54		1		1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	